State of Idaho Division of Building Safety Plumbing Bureau

APPLICATION FOR HOMEOWNER'S PLUMBING PERMIT

	Please indicate type	e: New Constru	ectionRemodelFixt	ture Replacen	nent
THE PROPER INS	SPECTION FEE M	UST ACCOMPANY	THIS APPLICATION. This app	olication is to	be completed and mailed
			the actual plumbing work of a on		
property.					
T		0.0	owner of the property, will do the a	otual installa	ion of the following items:
1		, as	owner of the property, will do the a	ictual ilistaliai	non of the following items.
SECTION A – Cos	st to install plumbing	fixtures –	SECTION B – Alternate insta	ıllations. (Ou	tside work)
\$8.00 a fixture plus a \$30.00 permit fee. (Inside work)					
ENTER THE NUMBER OF FIXTURES ON EACH LINE.			Sewer - \$38.00 (From l		
Bathtub/shower Floor Drain			Water - \$38.00 (From v		
Sink (Kitchen) Clothes Washer Toilet *Water Softener			Sewer & Water Lines -		
Toilet *Water Softener Wash Basin (Bathroom) **Dish Washer			Sprinkler - \$38.00 (Connection through backflow device) Mobile Home Connection - \$40.00		
Wasii Dasiii Water Heate	(Datilioolii)*	(Mobile home connection is the actual connection of the			
Water Heater **Garbage Disposal Other (Type):			mobile home sewer and water lines to sewer and water		
*All new one and	two family residence	ces must have a	stubs)	a water fiftes t	to sewer and water
	ater softener loop.				
	remodel or fixture r	eplacement.	Total of Section B \$		
	t x \$8.00 =				
Permit fee		\$ 30.00	TOTAL OF SECTION A (i	f applicable)	\$ \$
Total of Section	A	\$	TOTAL OF SECTION B (if	TOTAL OF SECTION B (if applicable)	\$
			TOTAL COST		0
I OCATION OF PR	ODEDEL III		TOTAL COST	1	\$
			done. (i.e., Address, Lot/Block, Sub	odivision, City	y - If address is unknown,
please include a map.	.)				
			County		
CHIDDENIE MAIL I	NC ADDDESS (DL.	D			
CURRENT MAILIN	NG ADDRESS (Piea	ise Print)			
Homeowner: Mr./M	/Irs./Ms				
Mailing Address:					
(St	treet or Box)			tate)	(Zip)
Daytime Telephone	Number:		Other Telephone Number	r:	
Failure to send nerm	nit application and re	equired fee prior to we	ork being commenced will, at the	discretion of	the Rureau result in the
assessment of a doub		equired fee prior to we	ork being commenced win, at the	discretion of	the Bareau, result in the
Make check or mone	ey order payable to t	he Plumbing Bureau a	and mail to the Division of Buildin	ng Safety, Pli	umbing Bureau, 1090 East
Watertower Street, M	Ieridian, Idaho 83642	. Any questions, call (2	08) 334-3442.		
			pections of this installation by an i		
Safety and hereby cer	rtify that this installat	ion herein designated w	ill comply with Title 54, Chapter 26), Idaho Code	•
FOR THE HOMEO	OWNER. I agree to	nermit inspections of t	hese plumbing installations by an i	inspector from	n the Division of Ruilding
			water distribution system, and of		
			4, 712.2, 723.0 of the Uniform Plum		
			nomeowner below and that said ho		
compliance with Title					<u>.</u> J
-	•				
Signature of Homeo	Signature of Homeowner:		Date:		